



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 111326	PRINTER SN 099.3586.615	DATE OF INSPECTION 06/11/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 201 Chestnut St. Richland MO 65556		TIME OF INSPECTION 8:39 am

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☒ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER Guth LOT # 16080 EXP. DATE 06/07/2018

☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN DR6931 SIMULATOR EXP DATE 12/11/2016

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)  
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .096

TEST 2 .098

TEST 3 .098

☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE [Signature]

PRINT NAME  
Aaron Baker

TYPE II PERMIT NUMBER/EXPIRATION DATE  
250304 12/22/2017

TELEPHONE NUMBER  
(573) 842-1486

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901



# GUTH LABORATORIES, INC.

550 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 16080 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 9, 2016, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1210% (w/vol) ethyl alcohol. The expiration date for this lot number is March 7, 2018 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

### *NIST Traceability:*

*Testing was conducted using Cerilliant Reference Standard lot number FN08051301 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*

AS IV Serial no: 111326  
Version no: 532B

TEST RECORD 00098

Temp Date Time 210L

Air Blank:  
06/11/16 08:39 .000  
Calibration Check:  
21 06/11/16 08:39 .096

Subject Name

TEST 1

Subject I.D.

n/a

Operator Name, I.D.

A. BAKER 506

Location

201 Chestnut

Richland MO

AS IV Serial no: 111326  
Version no: 532B

TEST RECORD 00100

Temp Date Time 210L

Air Blank:  
06/11/16 08:42 .000  
Calibration Check:  
22 06/11/16 08:42 .098

Subject Name

TEST 2

Subject I.D.

n/a

Operator Name, I.D.

A. BAKER 506

Location

201 Chestnut

Richland MO

AS IV Serial no: 111326  
Version no: 532B

TEST RECORD 00099

Temp Date Time 210L

Air Blank:  
06/11/16 08:41 .000  
Calibration Check:  
22 06/11/16 08:41 .098

Subject Name

TEST 3

Subject I.D.

n/a

Operator Name, I.D.

A. BAKER 506

Location

201 Chestnut

Richland MO

AS IV Serial no: 111326  
Version no: 532B

TEST RECORD 00101

Temp Date Time 210L

Air Blank:  
06/11/16 08:45 .000  
Subject Test: Auto  
23 06/11/16 08:45 .000

Subject Name

Blank

Subject I.D.

n/a

Operator Name, I.D.

A. BAKER 506

Location

201 Chestnut

Richland MO

AS IV Serial no: 111326  
Version no: 532B

TEST RECORD 00102

Temp Date Time 210L

VOID: RFI  
12 06/11/16 08:47

Subject Name

RFI

Subject I.D.

n/a

Operator Name, I.D.

A. BAKER 506

Location

201 Chestnut

Richland MO



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



**PERMIT**  
**TYPE II**

**AARON BAKER**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

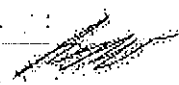
DATE 12/22/2015

NUMBER 250304

EXPIRES 12/22/2017

10:59:07Z (6:10)

  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (PS-10)

